

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Lank PAC

ADDRESS (number and street) ▼

PO Box 1639

☐ Check if different than previously reported. (ACC)

Bethany

OK

73008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492058

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Terri L. Miller

Signature of Treasurer

Mrs. Terri L. Miller

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Lank PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		75046.28
(b) Cash on Hand at Beginning of Reporting Period.....	75046.28	
(c) Total Receipts (from Line 19)	39295	39295
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	114341.28	114341.28
7. Total Disbursements (from Line 31)	39790.77	39790.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74550.51	74550.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Lank PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

28000

28000

(ii) Unitemized

295

295

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

28295

28295

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

11000

11000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

39295

39295

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

39295

39295

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

39295

39295

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	2290.77	2290.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2290.77	2290.77
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000	15000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements	22500	22500
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39790.77	39790.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39790.77	39790.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39295	39295
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39295	39295
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2290.77	2290.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2290.77	2290.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradford L Boone

Mailing Address 2690 Terwilleger Blvd

City State Zip Code
Tulsa OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern OK Orthopedic Center

Occupation

Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2015

Transaction ID : SA11Ai-CN1167

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

B. Mr. John G Graves

Mailing Address 2349 W Vancouver

City State Zip Code
Broken Arrow OK 74012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cyclonic Valve Co

Occupation

Manufacturing

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11Ai-CN1176

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

C. Mr. Richard Donald Horrocks

Mailing Address 2000 S Mustang Rd
Apt 3607

City State Zip Code
Yukon OK 73099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manhattan Road & Bridge

Occupation

Construction

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SA11Ai-CN1173

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin P. Moore

Mailing Address 8976 Crooked Stick Ct

City	State	Zip Code
Naples	FL	34113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rooney Holdings Inc.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : SA11Ai-CN1171

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. Mr. Arcadio Xavier Neira

Mailing Address 613 Sturtz Cir

City	State	Zip Code
Norman	OK	73072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rooney Holdings

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : SA11Ai-CN1170

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. Mr. Robert Ernest Stem

Mailing Address 8300 Glenwood

City	State	Zip Code
Oklahoma City	OK	73114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Of Oklahoma Gen. Contractors

Occupation

Exec. Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : SA11Ai-CN1169

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mike Lee Webb

Mailing Address 4008 Putter Pl

City

Muskogee

State

OK

Zip Code

74403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muskogee Road & Bridge Co.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SA11Ai-CN1172

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

28000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. 21st Century Majority Fund

Mailing Address 6065 Roswell Rd NE #2274

City State Zip Code
 Atlanta GA 30328

FEC ID number of contributing
federal political committee.

C C00361956

Name of Employer

None

Occupation

Political Action Committee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

04 / 10 / 2015

Transaction ID : SA11C-CN1168

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. General Electric PAC

Mailing Address 1299 Pennsylvania Ave NW
 Ste 900

City State Zip Code
 Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

None

Occupation

Political Action Committee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11C-CN1175

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

c. Health Care Service Corp Employees PAC

Mailing Address 300 E Randolph St

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C C00199711

Name of Employer

None

Occupation

Political Action Committee

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11C-CN1179

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Trail Blazer Campaign Services Inc.

Mailing Address 620 Mendelssohn Ave N #186

City Minneapolis State MN Zip Code 55427

Purpose of Disbursement
Annual License

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2015
Transaction ID : SB21b-EX143

Amount of Each Disbursement this Period

1356.00

Annual License

Full Name (Last, First, Middle Initial)

B. Advocate Merchant Solutions Inc.

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement
Credit Card Fees for January

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2015
Transaction ID : SB21b-EX144

Amount of Each Disbursement this Period

90.35

Credit Card Fees for January

Full Name (Last, First, Middle Initial)

C. Advocate Merchant Solutions Inc.

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement
Credit Card Fees for February

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015
Transaction ID : SB21b-EX149

Amount of Each Disbursement this Period

90.35

Credit Card Fees for February

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1536.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Advocate Merchant Solutions Inc.

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement
Credit Card Fees for March

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2015
Transaction ID : SB21b-EX151

Amount of Each Disbursement this Period

90.35

Credit Card Fees for March

Full Name (Last, First, Middle Initial)

B. Advocate Merchant Solutions Inc.

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement
Credit Card Fees for April

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 04 2015
Transaction ID : SB21b-EX153

Amount of Each Disbursement this Period

90.35

Credit Card Fees for April

Full Name (Last, First, Middle Initial)

C. Advocate Merchant Solutions Inc.

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement
Credit card fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2015
Transaction ID : SB21b-EX158

Amount of Each Disbursement this Period

90.35

Credit card fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

271.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Deluxe For Business

Mailing Address 3680 Victoria Street North

City Shoreview State MN Zip Code 55126

Purpose of Disbursement
Checks

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 06 2015
Transaction ID : SB21b-EX148

Amount of Each Disbursement this Period

202.72

Checks

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

202.72

2010.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Georgians For Isakson

Mailing Address PO Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Mr. Johnny H Isakson

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Transaction ID : SB23-EX146

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Richard Burr Committee

Mailing Address PO Box 5928

City Winston-Salem	State NC	Zip Code 27113
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Purpose of Disbursement
Contribution

Candidate Name

Richard Burr

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SB23-EX155

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address PO Box 2594

City Chicago	State IL	Zip Code 60690
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Purpose of Disbursement
Contribution

Candidate Name

Mark Stephen Kirk

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB23-EX156

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Lank PAC

Full Name (Last, First, Middle Initial)

A. Oklahoma GOP

Mailing Address 4031 N Lincoln Blvd

City	State	Zip Code
Oklahoma City	OK	73105

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

Transaction ID : SB29-EX142

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2015

Transaction ID : SB29-EX139

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alamo PACMailing Address 919 Congress Ave
Suite 1400

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : SB29-EX147

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

22500.00
22500.00